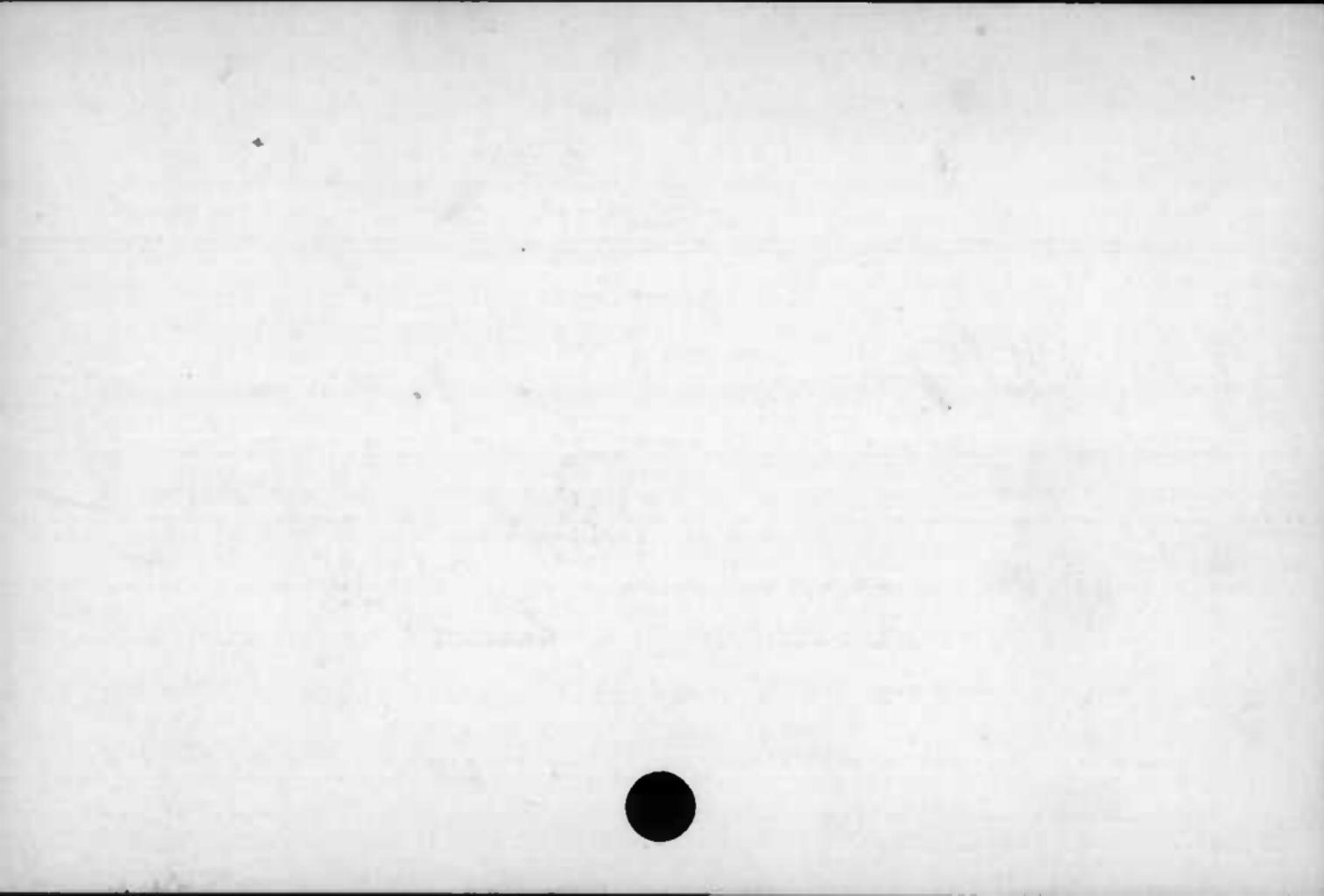


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | |
|--|-----------------------|---|------------------------|----------------------|--------------------|------|
| <h1>Frank W. Barker</h1> | | | | CERTIFICATE OF DEATH | | |
| Died at | | Town | County | MARYLAND | | |
| Date of death | | Month | Day | Years | Months | Days |
| Sex | | Color or Race | Birth-place | | | |
| Occupation | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | Sarah A. Barker | | | |
| Father's Name | | John Knobell | | | | |
| Mother's Maiden Name | | Anderson | | | | |
| Name of person giving Information | | Wife | | | | |
| CAUSES OF DEATH | | | | | | |
| Primary | Chronic Nephritis 120 | | | | | |
| Immediate | dropsy and asthenia | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | | Signature of Physician | | How long | |
| Geo | | | W. G. Coffey | | 6 months & 4 weeks | |
| | | | Address | | Church Hill | |
| Accident or Suicide? | | | | | | |



Name
in
Full

Ella Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------------|-------------------------|--|----------------------|----------|----------|---------|
| Died at | | Town | County | | MARYLAND | | |
| Date of death | 1908 | Month 3 | Day 29 | Age 20 | Years 8 | Months 8 | Days 11 |
| Sex | Female | Color or Race | Black | Birth-place Q. A. Do | | | |
| Occupation | Housewife | | Where Residing if not et place of death | Pawpawville | | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Ella Barnes | | | | |
| Father's Name | J. Green | | Father's Birthplace | Q. A. Do | | | |
| Mother's Maiden Name | Eva Johnson | | Mother's Birthplace | Q. A. Do | | | |
| Name of person giving Information | Diana Turner | | How related to deceased | Wife | | | |

CAUSES OF DEATH

27

How long

1 year

How long

1 week

PHYSICIAN
OR CORONER

Primary

Tuberculosis (Pulmonary)

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

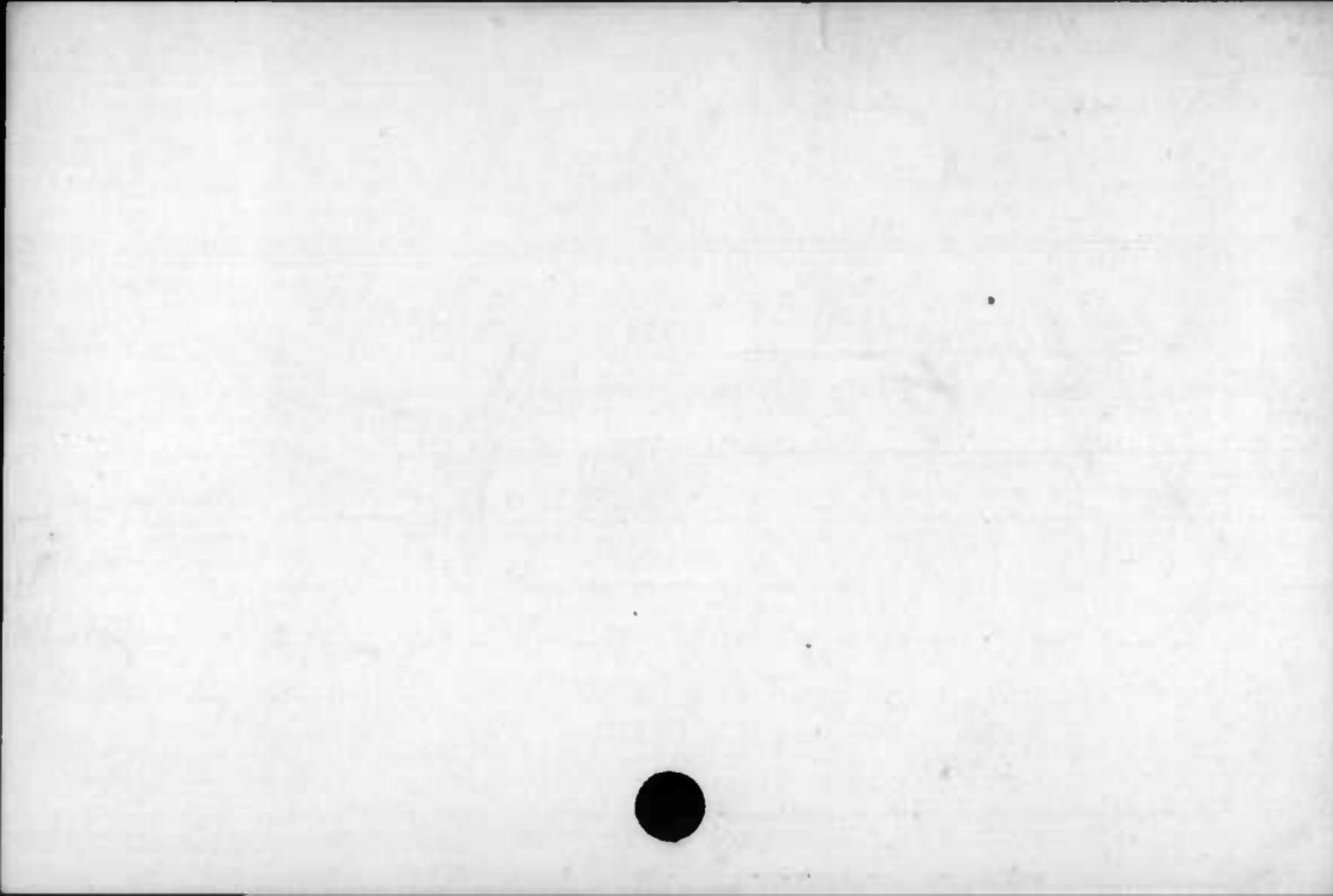
E. F. Smith

Centreville

Md.

Accident or Suicide?

No.



Name

in
Full

Hester Bidgell

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Wye Mills

Town

County

MARYLAND

Date of death 1908 Month 3 Day 7 Age 58 Years 58 Months — Days —

Sex Female Color or Race Colored Birth-place Maryland

Occupation

wife

Where Residing if not
at place of death

Wye Mills

Married, ~~Single~~
or WidowedName of Wife or
Husband

Jacob Bidgell

Father's Name

Henry Cornish

Father's Birthplace

Not Known

Mother's Maiden Name

Mary - last name not known

Mother's Birthplace

not Known

Name of person giving
Information

Jacob Bidgell

How related
to deceased

Husband

CAUSES OF DEATH

79

Primary

Valvular disease of Heart ^{Arterio Sclerosis} Aneurism

3 years

Immediate

Abdominal Ascites, Heart Failure

5 days

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?

yes

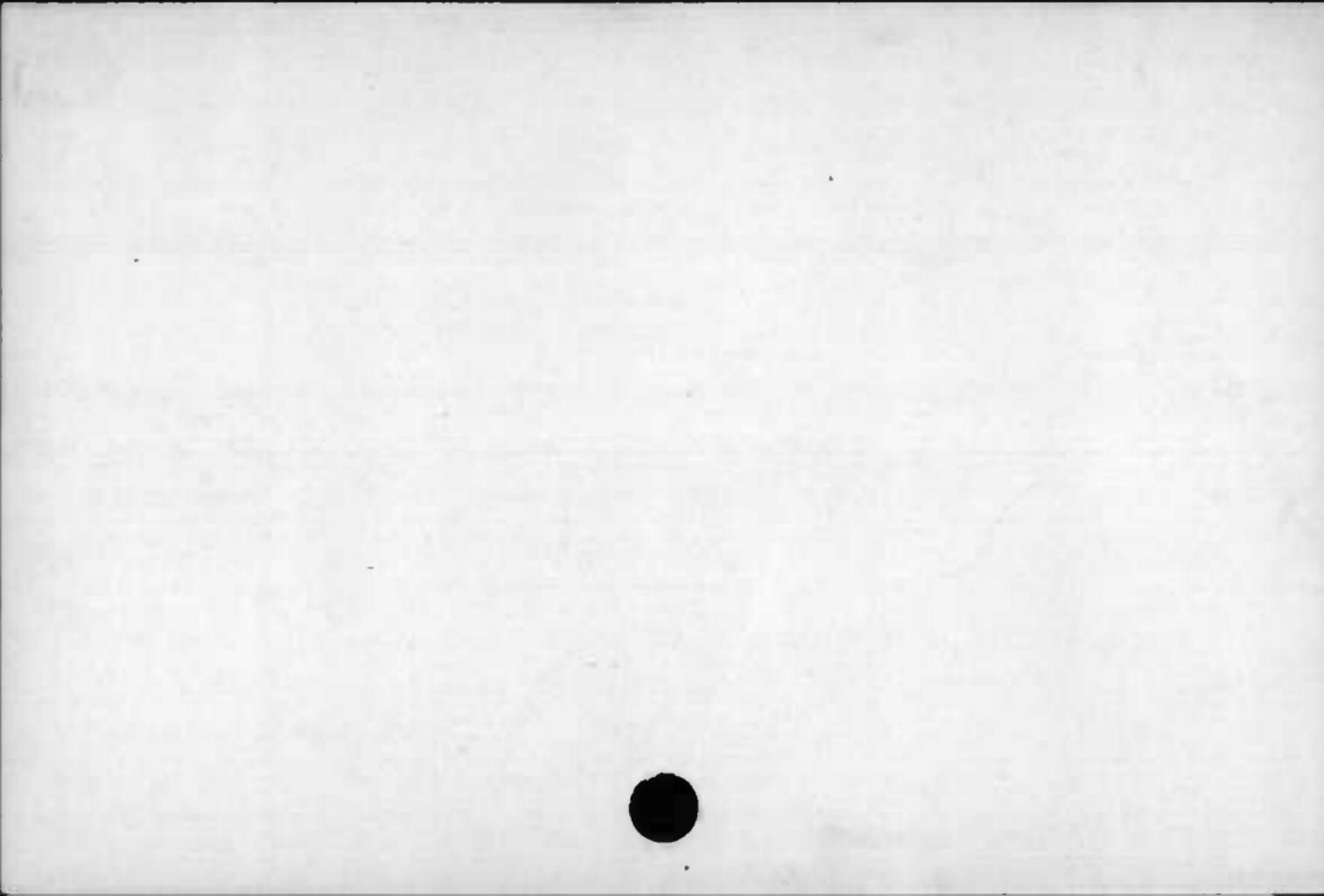
Signature of
Physician

Address

J. W. Stack M.D.

Burial, Wye Mills
Md.Wye Mills
Md.

Accident or Suicide?



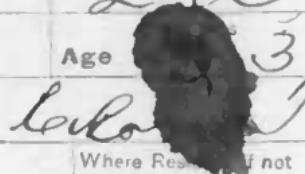
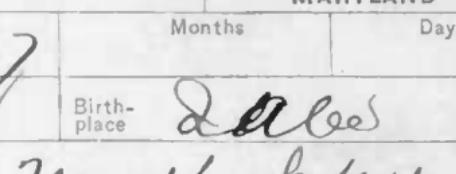
Name
in
Full

Chas B Brown.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | |
|---|--|---|---------------|---------------------------|--|
| Died at <u>Chester</u> | | County <u>Da</u> | | MARYLAND | |
| Date of death <u>1908</u> | Month <u>March</u> | Day <u>10</u> | Age <u>37</u> | Months | Days |
| Sex <u>Male</u> | Color or Race <u>Color</u> |  | | Birth-place <u>Dalles</u> |  |
| Occupation <u>Barber</u> | Where Resided if not at place of death <u>New York City</u> | | | | |
| Married, Single or Widowed <u>married</u> | Name of Wife or Husband <u>Mary C. Scott</u> | | | | |
| Father's Name <u>Arthur Brown</u> | Father's Birthplace <u>Dubuque</u> | | | | |
| Mother's Maiden Name <u>Mary J. Robison</u> | Mother's Birthplace <u>Dubuque</u> | | | | |
| Name of person giving Information <u>Horace F. Brown</u> | How related to deceased <u>Brother</u> | | | | |
| CAUSES OF DEATH | | | | | |
| Primary <u>Tuberculosis of lungs</u> | 27 | | | | |
| Immediate  | How long <u>1 year</u> | | | | |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician  | | | | |
| | Address <u>Wm. Henry Register</u> | | | | |
| Accident or Suicide? <u>No</u> | Premises have been fumigated <u>Yes</u> | | | | |

Name
in
Full

George Edward Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|----------------------|-------------------------|---|-------------|------|--|
| Died at | Town | Queen Anne | | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days | |
| 1908 | 3 | 9 | 65 | 11 | 11 | |
| Sex | male | Color or Race | White-American | Birth-place | md | |
| Occupation | Farmer | | | | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Where Residing if not at place of death | | | |
| Father's Name | Edwin Braxton | | | | | |
| Mother's Maiden Name | Mary Elizabeth Walls | | | | | |
| Name of person giving information | Elen. S. Brown | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Disease

79

How long

Immediate Heart Failure

How long

Instantaneous

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

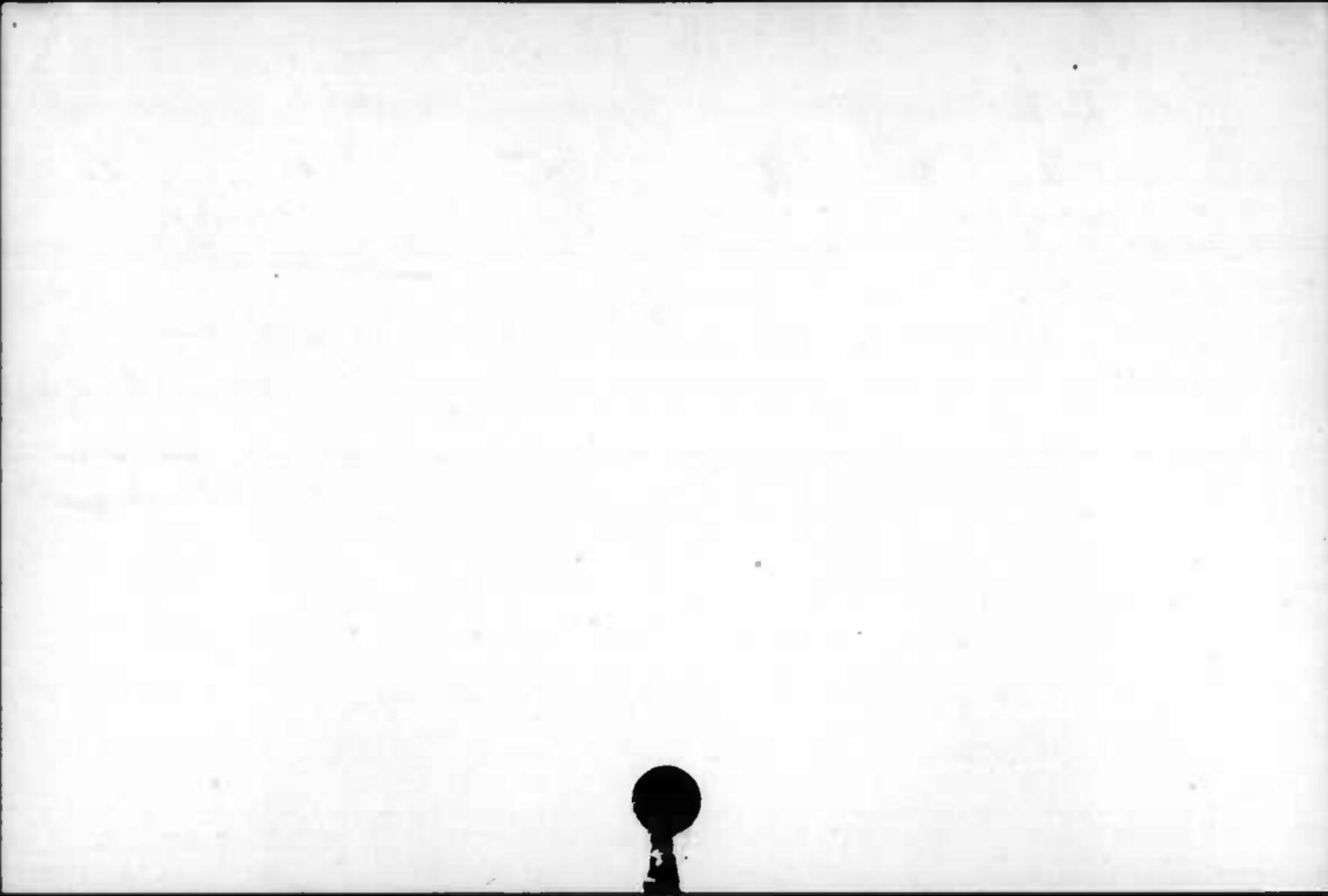
Address

Walter H. Frey

Centreville R.R. No. 4

Md.

Accident or Suicide?



Name
in
Full

William F. Byrd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at New Roberto Town Green County MARYLAND
Date of death 1908 Month March Day 24 Years Age 56 Months 6 Days 14
Sex Male Color or Race White Birth-place Kent Co. Md
Occupation Farmer Where Residing if not at place of death A place of birth
Married, Single or Widowed Widowed Name of Wife or Husband Sarah Schmidt
Father's Name William Byrd Father's Birthplace Ind
Mother's Maiden Name Jessie Shaw Mother's Birthplace Ind
Name of person giving information Mary Byrd How related to deceased Daughter

CAUSES OF DEATH

27

Primary

Pulmonary tuberculosis

How long

18 months

Immediate

Asthma

How long

2 months.

PHYSICIAN
OR CORONER

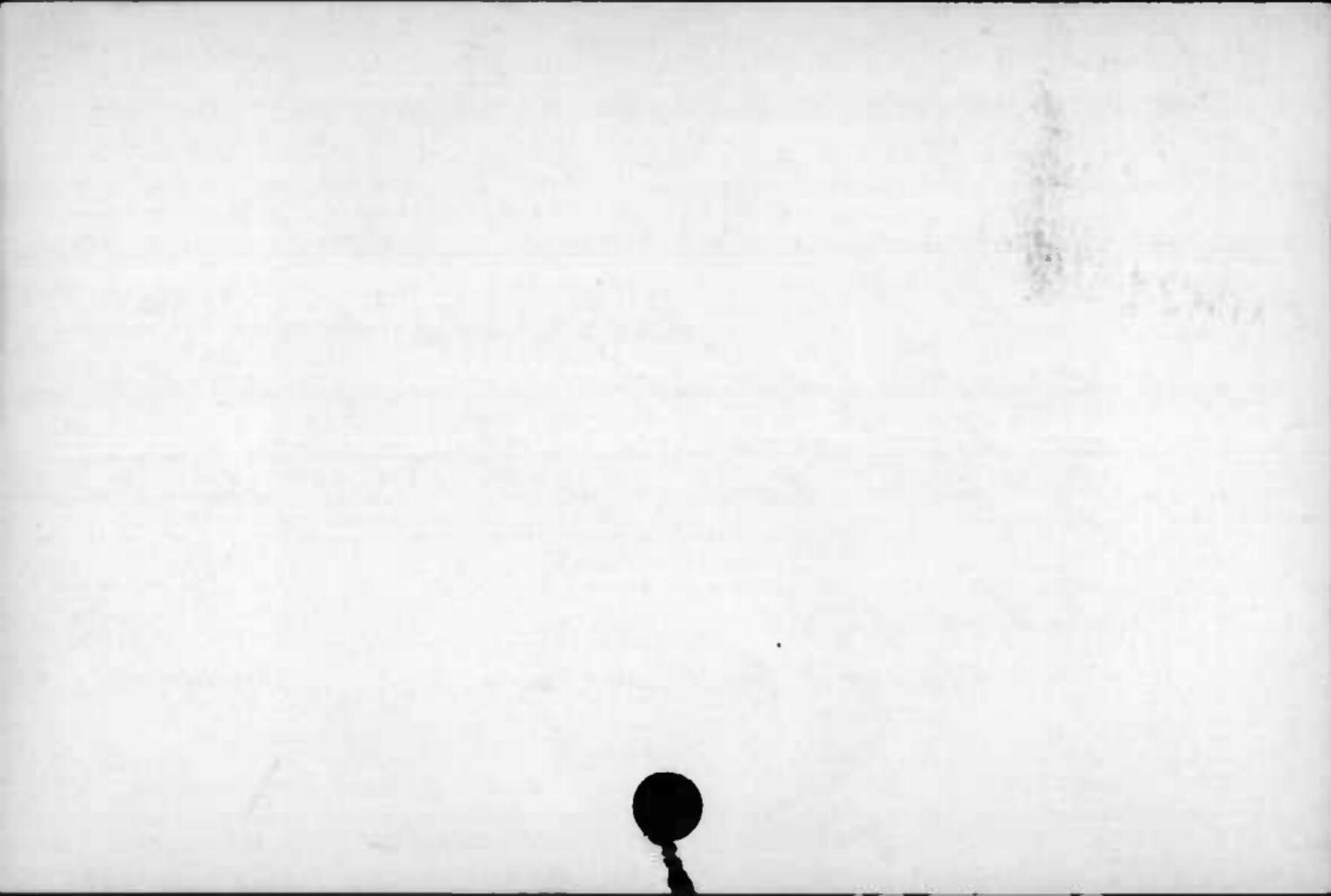
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. G. G. Goffage
Church Hill
Md.

Accident or Suicide?



Name
in
Full

Dora Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-------------------------|---------------|---|----------|----------|------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death | 1908 | Month 3 | Day 13 | Years 42 | Months | Days | |
| Sex | Female | Color or race | Birth-place Md | | | | |
| Occupation | Housewife | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | Alexander Carroll | | | | |
| Father's Name | Charlie Sparks | | Father's Birthplace Md | | | | |
| Mother's Maiden Name | Unknown | | Mother's Birthplace — | | | | |
| Name of person giving information | Alex Carroll | | How related to deceased Husband | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

2 years

Immediate

Wasting, exhaustion

How long

8 mos

Are the name, age, sex, color, date and place correctly given above?

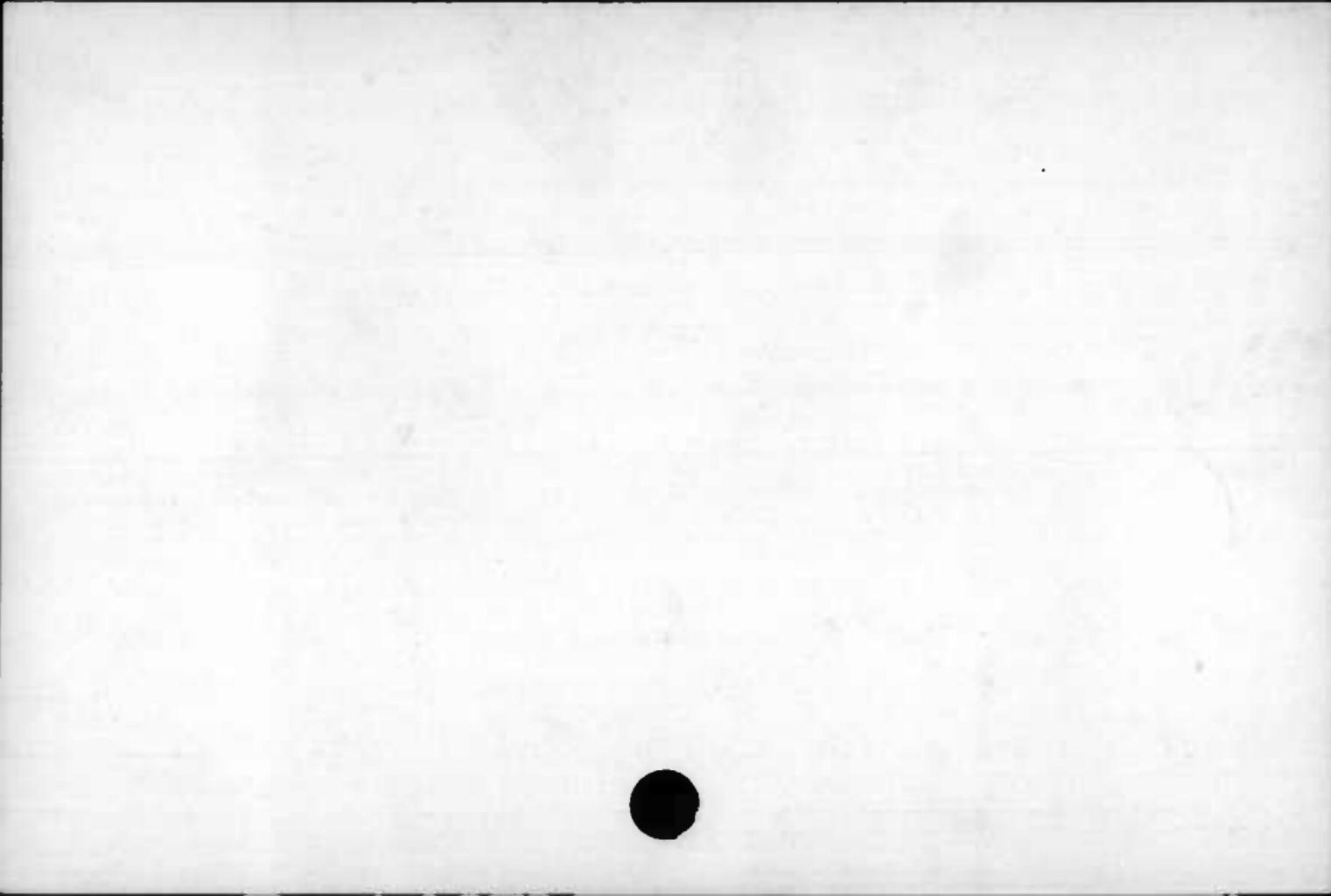
Signature of Physician

Address

Foster Sudby

Sudsbury Md

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

I

No Name Clark

MARYLAND

Died at New Churchville Town 2100 County Clark
 Date of death 1908 Month March Day 12 Years — Months one Days —
 Sex female Color or Race Colored Birth-place 2200 out

Occupation —Where Residing if not
at place of death —Married, Single
or Widowed SingleName of Wife or
Husband —Father's Name Don't know

Father's Birthplace

Mother's Maiden Name Lydia ClarkMother's Birthplace MarylandName of person giving
Information Screaming BrooksHow related
to deceased None

CAUSES OF DEATH

179

Primary

I have never seen this

How long

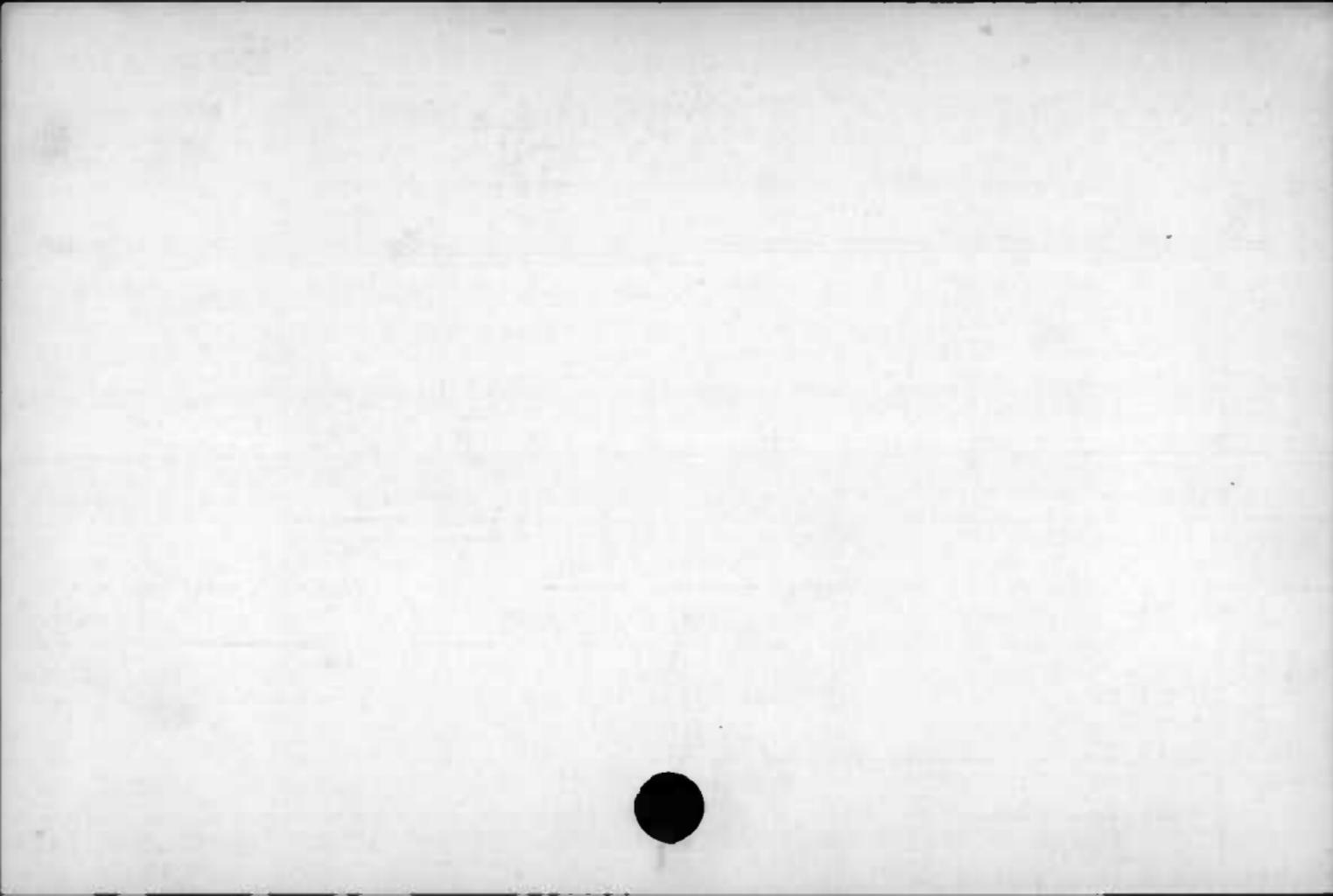
Immediate Child, have no fact

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Caroline Elliott

CERTIFICATE OF DEATH

| | | | | | | | |
|-----------------------------------|------------------|---|-------------------------|----------------|-------------|------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death | 1908 | Month | Day | Years | Months | Days | |
| Sex | Female | Color or Race | Age | 70 | | | |
| Occupation | House | Where Residing if not at place of death | | Place of death | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | | | |
| Father's Name | Edward Elliott | | Father's Birthplace | | Caroline Co | | |
| Mother's Maiden Name | Dont know | | Mother's Birthplace | | Caroline Co | | |
| Name of person giving information | Adelaide Garrett | | How related to deceased | | Daughter | | |

CAUSES OF DEATH

Primary: Chronic Nephritis

120

How long

4 or 5 yrs

Immediate: Uremia

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

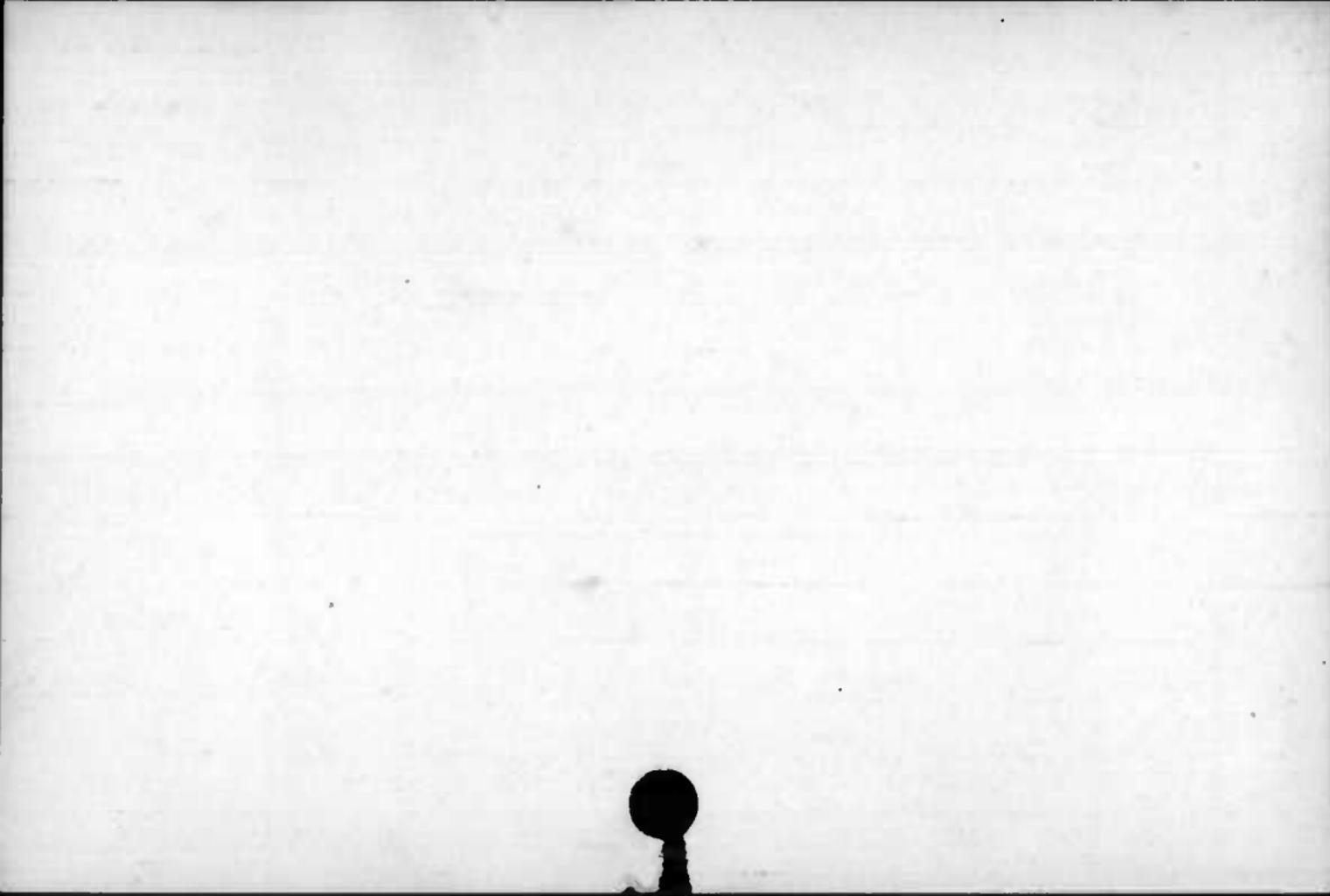
Signature of Physician

Address

Maywood and
Centerville

Accident or Suicide?

no



Name
in
Full

Pearl Hallis

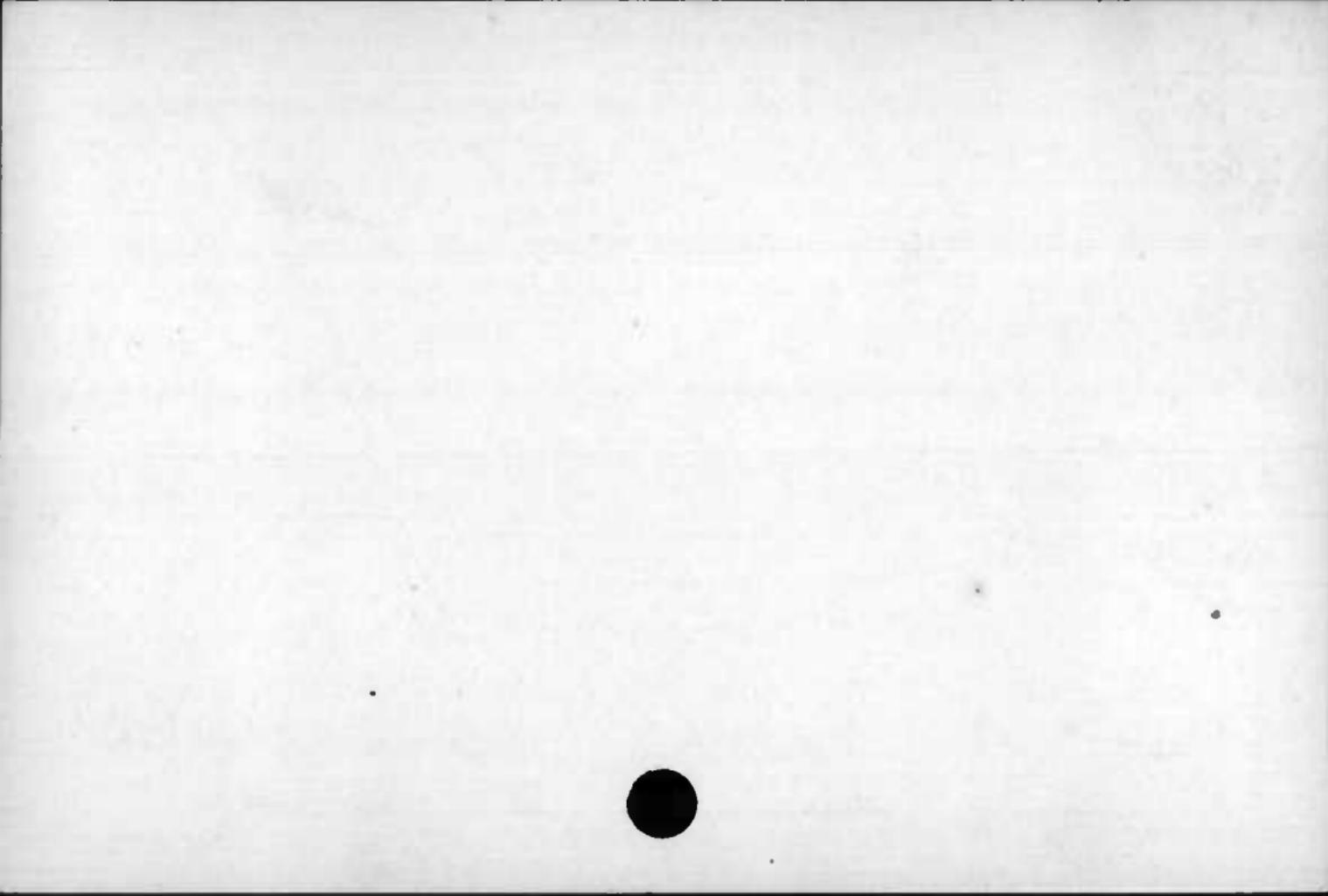
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

| | | | | | |
|---|---|-----------------------------------|--------------------------------------|---------------------------------------|-------------|
| Died at Buckville | | County 2. A. | MARYLAND | | |
| Date of death 1908 | Month 3 | Day 6 | Age 10 | Years | Months Days |
| Sex Female | Color or Race Cal | Birth-place Buckville, Md. | | | |
| Occupation School | Where Residing if not at place of death | | Place of death Buckville, Md. | | |
| Married, Single or Widowed Single | Name of Wife or Husband — | | Father's Birthplace 2. A. -ed | | |
| Father's Name James Hallis | Mother's Maiden Name Maggie Washington | | | Mother's Birthplace 2. A. -ed | |
| Name of person giving Information James Hallis | | | | How related to deceased Father | |
| CAUSES OF DEATH | | | | | |
| Primary Tuberculosis | | | | How long 2 1/2 yrs | |
| Immediate Exhaustion | | | | How long 2 day | |

27

| | | | |
|--|------------|------------------------|-------------------------|
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Conrad J. Hallis |
| | | Address | Buckville, Md. |
| Accident or Suicide? | No | | |



Name
in
Full

Isabella Handy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|--------|-------------------------|----------------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Age | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | Herman Handy | | Father's Birthplace | Q. C. Co., Md. | |
| Mother's Maiden Name | Priscilla Wilkins | | Mother's Birthplace | Q. C. Co., Md. | |
| Name of person giving information | Herman Handy | | How related to deceased | Father | |

CAUSES OF DEATH

93

How long

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

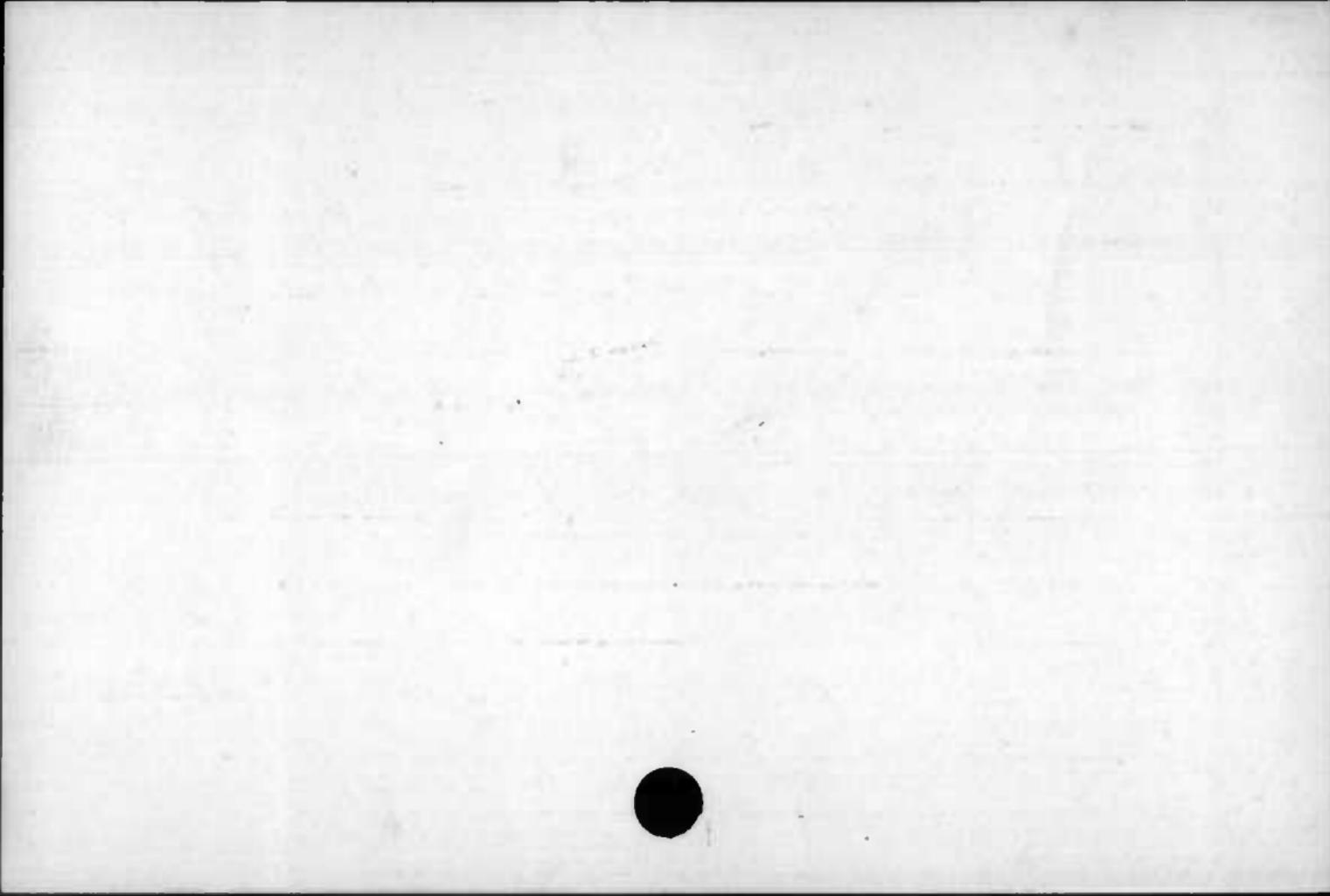
yes

Signature of Physician

Address

Pauland H. Ford
Queenstown, Md.

Accident or Suicide?



Name
in
Full

Maria Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | |
|---|---|----------------------------|-------------------------------------|---------------|------------------|----------------|
| Died at <u>Pemberton</u> | | Town <u>Pemberton</u> | County <u>O. A. Do</u> | MARYLAND | | |
| Date of death <u>1908</u> | Month <u>March</u> | Day <u>22</u> | Years <u>53</u> | Age <u>53</u> | Months <u>11</u> | Days <u>18</u> |
| Sex <u>Female</u> | Color or Race <u>Black</u> | Birthplace <u>O. A. Do</u> | | | | |
| Occupation <u>House</u> | Where Residing if not at place of death <u>At Do. House</u> | | | | | |
| Married, Single or Widowed <u>Widowed</u> | Name of Wife or Husband <u>Nelson Steward</u> | | Father's Birthplace <u>O. A. Do</u> | | | |
| Father's Name <u>Nelson Steward</u> | Mother's Maiden Name <u>Catharine Brown</u> | | Mother's Birthplace <u>O. A. Do</u> | | | |
| Name of person giving information <u>Charles N. Johnson</u> | How related to deceased <u>Son</u> | | | | | |

CAUSES OF DEATH

179

How long

How long

Primary

Heart Failure

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

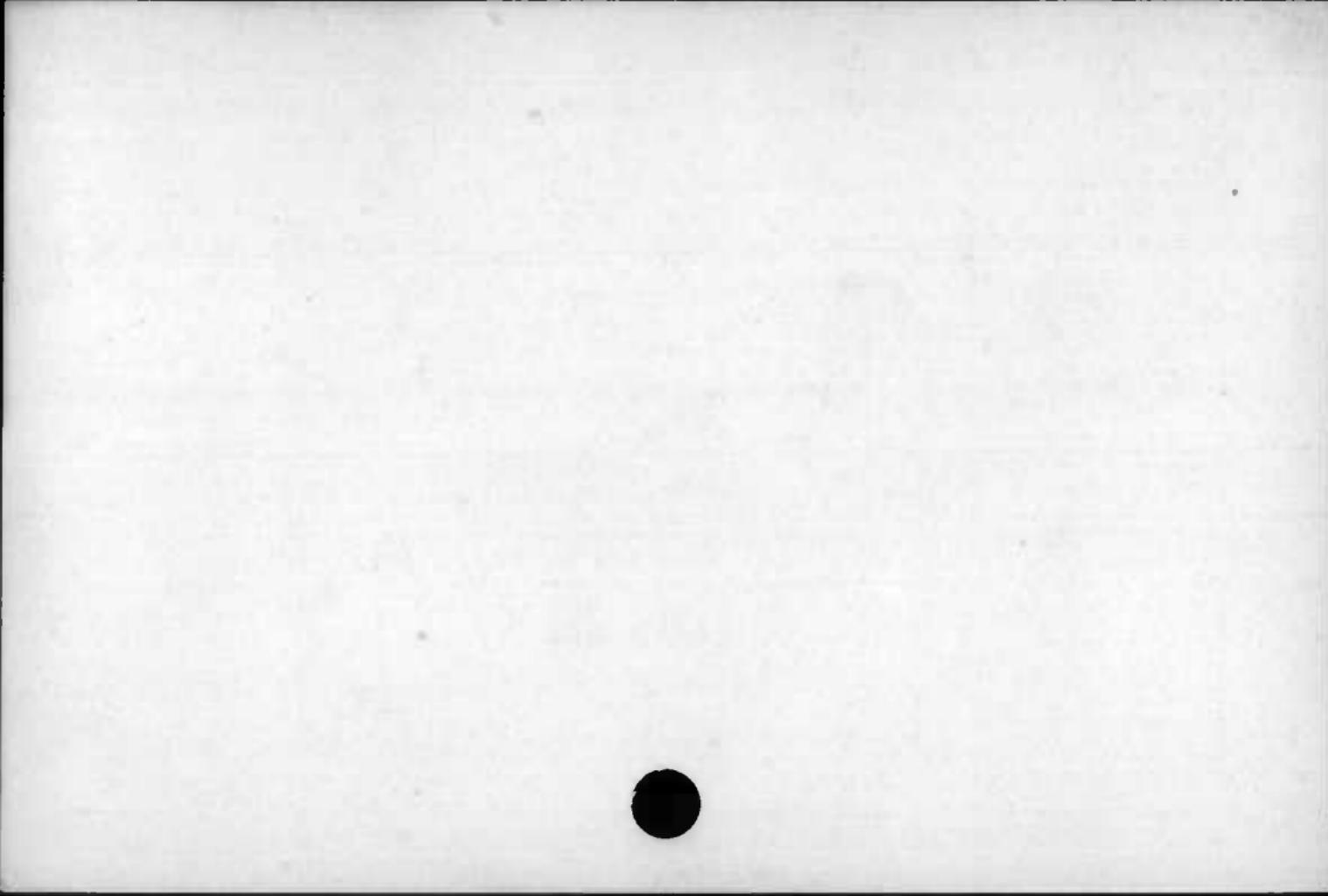
Address

Joseph Johnson

Centreville

O. A. Do 2nd

Accident or Suicide?



Name
in
Full

Rae Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-----------------|---|--------|--------|-------------------------|---------------------|-----------|
| Died at | | Town | County | | MARYLAND | | |
| Date of death | 1908 | Month 3 | Day 3 | Age 13 | Years | Months | Days |
| Sex | Female | Color or Race | White | | Birth-place | Queen Anne's | |
| Occupation | School | Where Residing if not at place of death | | | Kent Island Md | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | — | | | Father's Birthplace | 2d. 60 Md |
| Father's Name | Chas. Lewis | | | | Mother's Birthplace | Delaware | |
| Mother's Maiden Name | Sallie Guxford | | | | How related to deceased | uncle | |
| Name of person giving Information | Presley Guxford | | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

①

How long

2 weeks

Immediate

Intestinal Hemorrhage

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

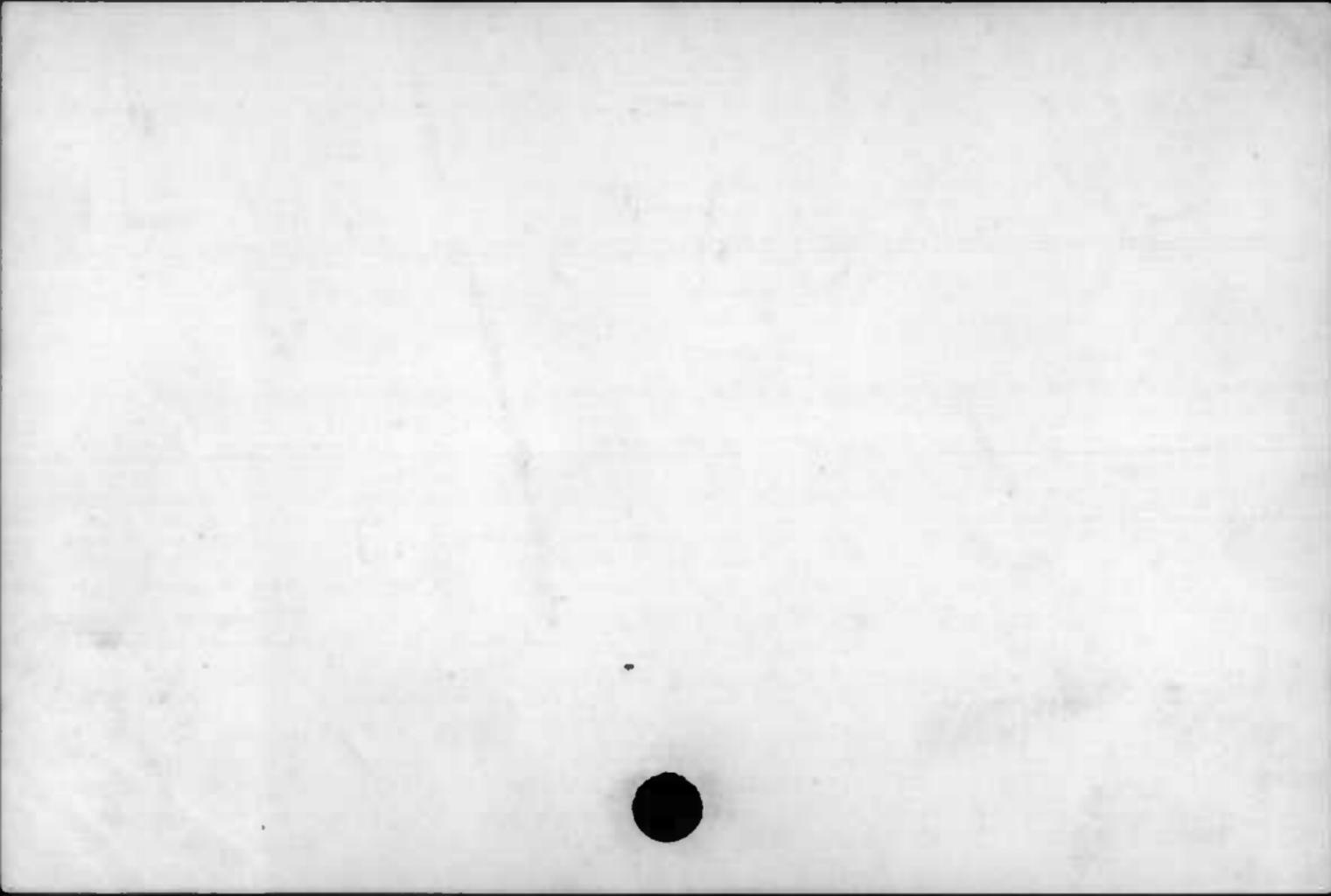
Signature of Physician

Address

J. M. Guxford Md
Baltimore
Maryland

Accident or Suicide?

No



Name
in
Full

Mrs Janie Mordick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

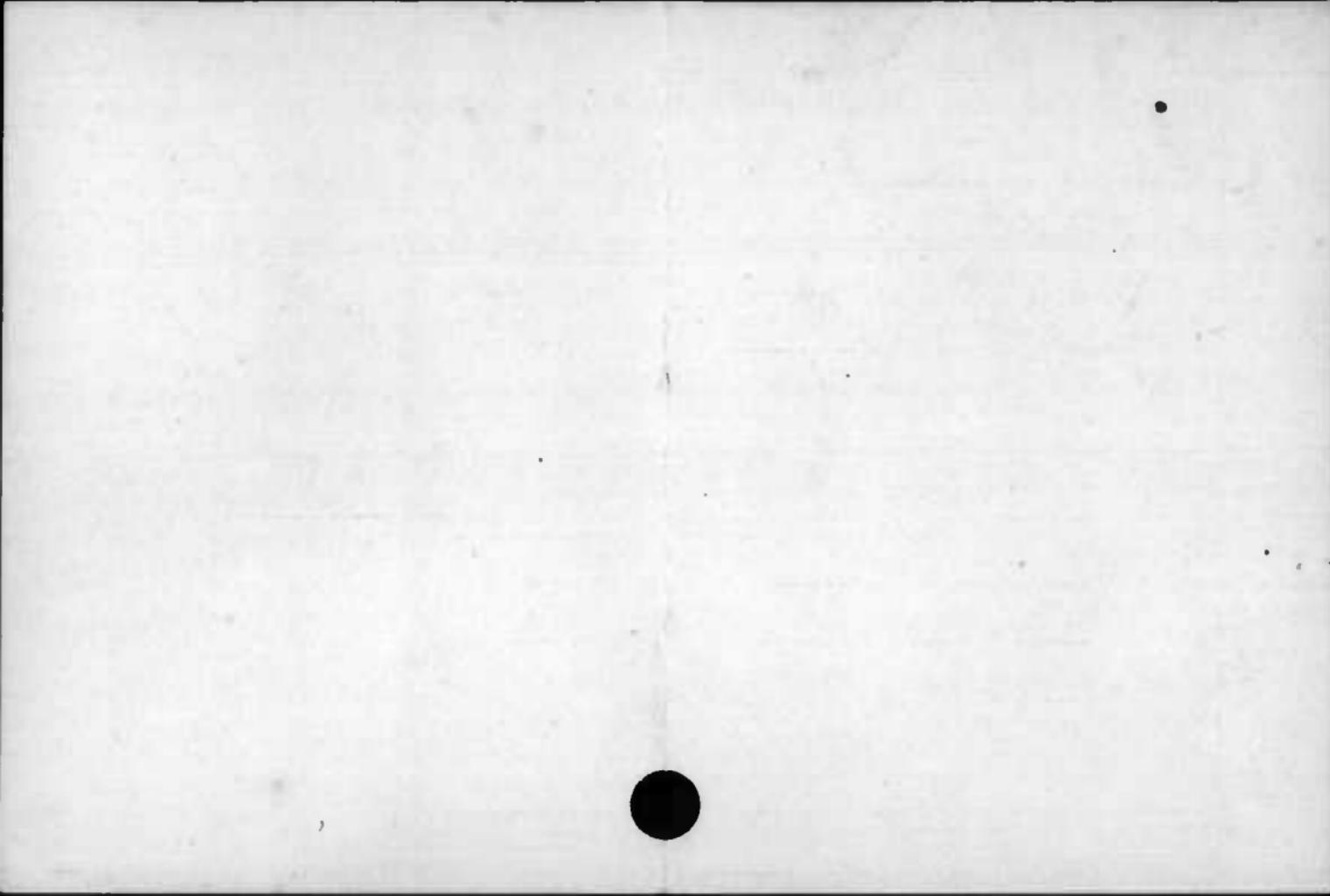
| | | | | | | | |
|-----------------------------------|---------------|-------------------------|---|-------|-------------------------|--------------|--------|
| Died at | | Town | 2. a | | County | MARYLAND | |
| Date of death | 1908 | Month 8 | Day 12 | Age 4 | Years | Months 2 | Days 7 |
| Sex | Female | Color or Race | white | | Birth-place | 2. a los res | |
| Occupation | Housewife | | Where Residing if not at place of death | | Place of death | | |
| Married, Single or Widowed | married | Name of Wife or Husband | Jab. Mordick | | Father's Birthplace | 2. a los | |
| Father's Name | Samuel Spyry | | | | Mother's Birthplace | 2. a. los | |
| Mother's Maiden Name | Augusta Spyry | | | | How related to deceased | + Husband | |
| Name of person giving Information | Jab Mordick | | | | | | |

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

| | | | | |
|--|----------------------|------------------------|------------------|------------|
| Primary | Tubular Hernia | | How long | 4 or 5 yrs |
| Immediate | Strangulated Hernia | | How long | 1 week |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | J. W. D. Mordick | |
| Address | 1000 Franklin Street | | | |
| Accident or Suicide? | M | | | |



Name
in
Full

Leon Burton Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|--------------|-----------------------|------------------------|--------|
| Died at <u>West Sudlersville</u> | | Town | County <u>Fairfax</u> | MARYLAND | |
| Date of death <u>1908</u> | Month <u>3</u> | Day <u>4</u> | Age <u>28</u> | Years | Months |
| Sex <u>Male</u> | Color or Race <u>White</u> | | | Birth-place <u>Ind</u> | Days |
| Occupation <u>Farmer</u> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband <u>Susan Peters</u> | | | | |
| Father's Name <u>Unknown</u> | Father's Birthplace <u>Unknown</u> | | | | |
| Mother's Maiden Name <u>Mary Peters</u> | Mother's Birthplace <u>Ind</u> | | | | |
| Name of person giving information <u>George W. Peters</u> | How related to deceased <u>Brother</u> | | | | |

CAUSES OF DEATH

27

How long

1 1/2 Years

How long

3 mos

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <u>Subnudicosis of lungs</u> | Immediate <u>Exhaustion, debility</u> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <u>George Suds</u> |
| | Address <u>Sudlersville Ind</u> |
| Accident or Suicide? | |



Name
in
Full

James D Reid

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | |
|--------------------------------------|--|---------------|--------|----------|------|--|
| Died at | | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days | |
| Sex | Color or Race | Age | 76 | 10 | 21 | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Laetitia Reid | | | | |
| Father's Name | Father's Birthplace | | | | | |
| Mother's Maiden Name | Mother's Birthplace | | | | | |
| Name of person giving Information | How related to deceased | | | | | |

James D Reid

CAUSES OF DEATH

164

How long

6 weeks

How long

4 days

Signature of
Physician

Address

Primary

accident & general debility

Immediate

Hypostatic Pneumonia

Are the name, sex, color, date
and place correctly given above?

yes

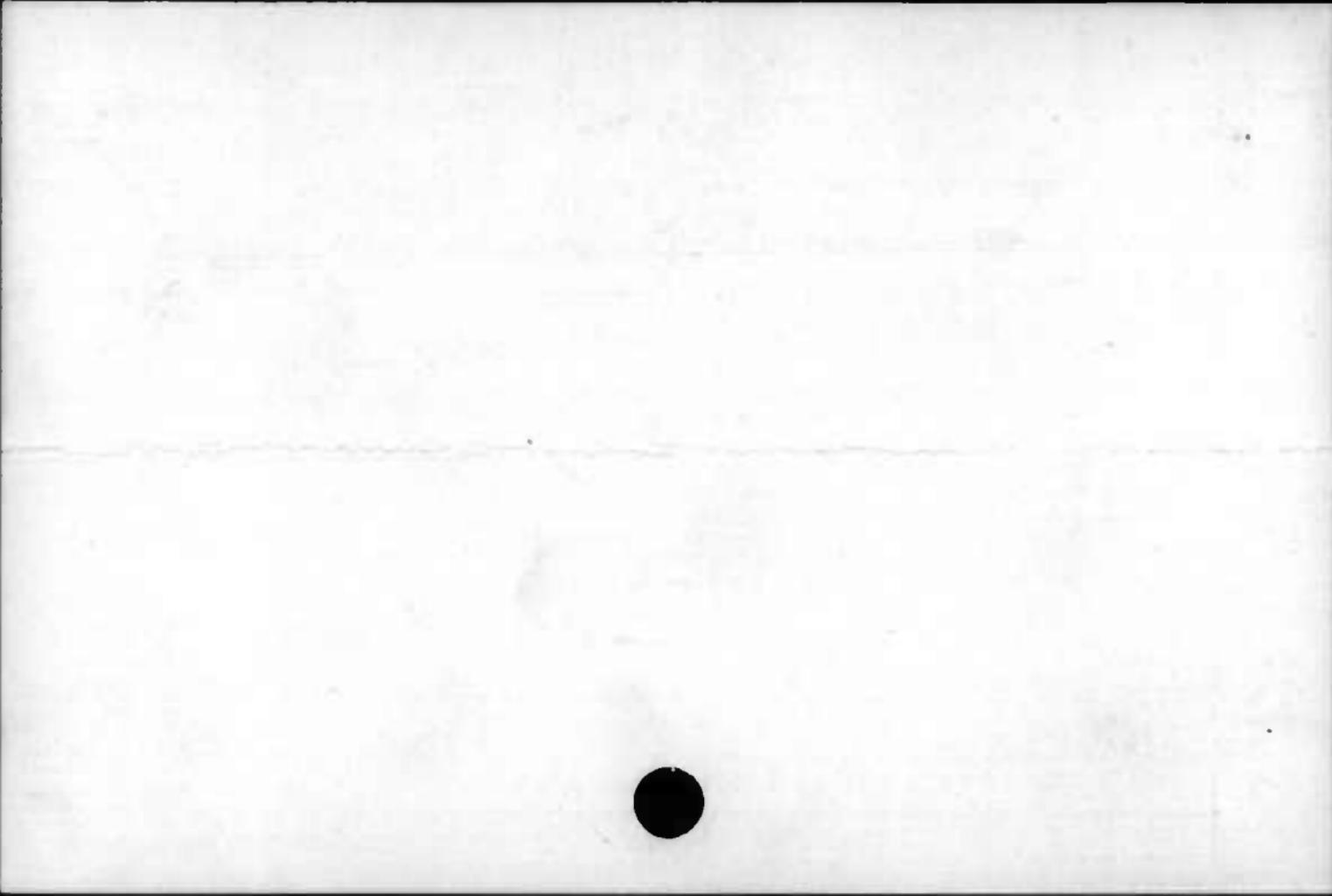
Broken thigh

Intracapsular fracture

of hips rather

Accident or Suicide?

James D.
Dr. J. E. Evans



Name
in
Full

John Taylor Rutter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|----------------------------|--|---|------|
| Died at <u>Ridgely R.R. no 2</u> | | County <u>Queen Anne</u> | | MARYLAND | |
| Date of death <u>1908</u> | Month <u>March</u> | Day <u>16</u> | Years <u>72</u> | Months | Days |
| Sex <u>Male</u> | | Color or Race <u>White</u> | Birth-place <u>Maryland</u> | | |
| Occupation <u>keeper of the Insane at 9 A. los. almshouse</u> | | | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Annie Rebecca Bright</u> | | Where Residing if not a place of death | | |
| Father's Name <u>Harmon Rutter</u> | | | | Father's Birthplace <u>Not Known</u> | |
| Mother's Maiden Name <u>Susan Burlock</u> | | | | Mother's Birthplace <u>Maryland</u> | |
| Name of person giving information <u>Mrs Annie Stack</u> | | | | How related to deceased <u>Daughter</u> | |

CAUSES OF DEATH

79

How long

3 years

How long

Immediate

PHYSICIAN
OR CORONER

Primary

Heart Disease

Immediata

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Walter H. Fenby

Address

Centreville, R.R. no 4
Md.

Accident or Suicide?



Name
in
Full

Thomas Frederick Shellhouse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Church Hill 24 68 MARYLAND
Date of death 1901 Month March Day 9 Years 23 Months — Days —
Sex Male Color or Race White Birth-place Baltimore Md
Occupation Farmer Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Mable G. Fleming
Father's Name George Shellhouse Father's Birthplace Md
Mother's Maiden Name Fannie Wendeth Mother's Birthplace Md
Name of person giving information Mrs. Morris Fleming How related to deceased none

CAUSES OF DEATH

93

Primary

Pneumonia

How long

11 days

Immediate

Asthenia

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

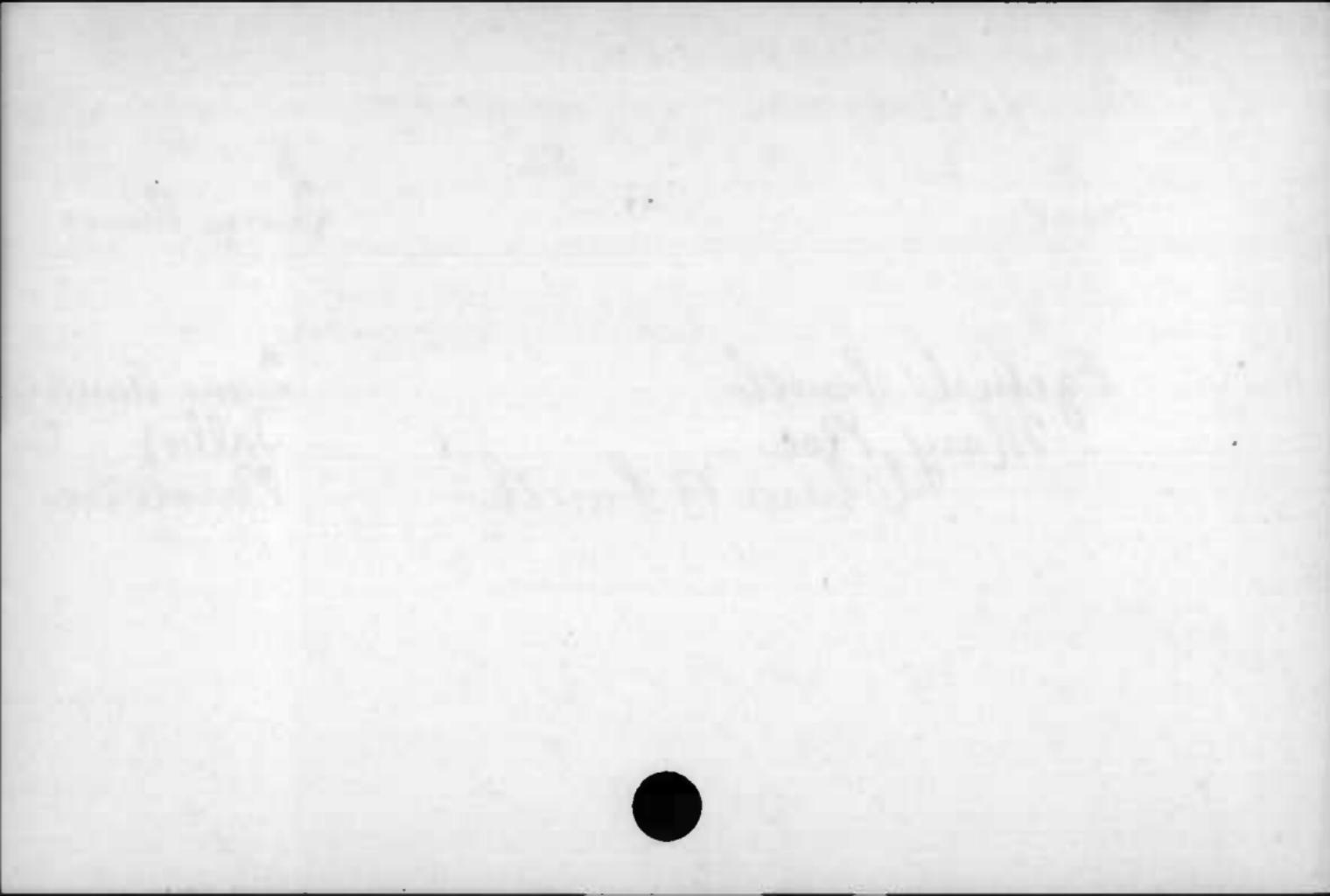
Signature of Physician

Address

J. G. Cappage
Church Hill
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ezekiel Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|-----------------|---|--------------|-------------------------|-------------------|------|
| Died at | | Town | County | | MARYLAND | |
| Died at | Perugia Corners | 22 | 60 | Months | 3 | Days |
| Date of death | 1908 | Month 3 | Day 5 | Age | 52 | |
| Sex | Male | Color or Race | white | Birth-place | Lucy Annes | |
| Occupation | Retired | Where Residing if not at place of death | | | Perugia Corners | |
| Married, Single or Widowed | Single | Name of Wife or Husband | Lebara Smith | | | |
| Father's Name | Ezekiel Smith | | | Father's Birthplace | Lucy Annes Co | |
| Mother's Maiden Name | Mary Roe | | | Mother's Birthplace | Talbot Co | |
| Name of person giving information | Clara B Smith | | | How related to deceased | Paratetic wife | |
| CAUSES OF DEATH | | | | | | 64 |
| Primary | Agraphia | | | How long | Don't know | |
| Immediate | Heart failure | | | How long | Don't know | |

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

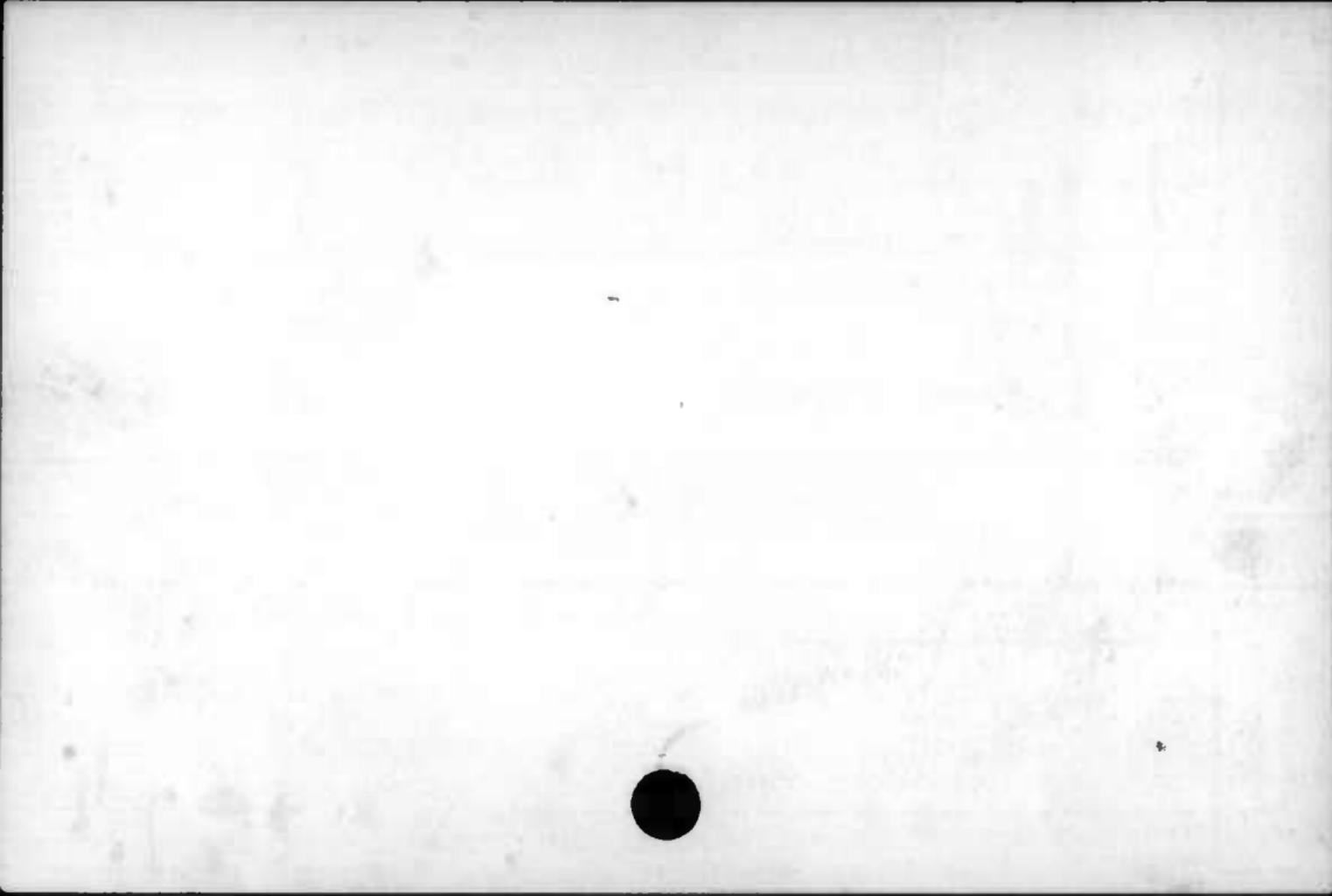
Signature of Physician

Address

Burial Perugia Corners

Providence St. Hospital
Dunestown, Md.

Accident or Suicide?



Name
in
Full

Harrison Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

| | | | | | | |
|--|-----------------------|-------------------------|------------------------|----------------|----------|--|
| Died at | | Town | County | | MARYLAND | |
| County Home | | Laurel | | | | |
| Date of death | Month | Day | Years | Months | Days | |
| 1908 | 3 | 23 | 70 | — | — | |
| Sex | Male | Color or Race | Negro | Birth-place | 2 A. M. | |
| Occupation | Laborer | | | | | |
| Where Residing if not at place of death | | | | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | I don't know | | | |
| Father's Name | Dont know | | | | | |
| Mother's Maiden Name | | | | | | |
| Name of person giving information | Mr. Lester | | | | | |
| CAUSES OF DEATH | | | | | | |
| Primary | Old age natural decay | | | | | |
| Immediate | Pareses | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | Yes | | Signature of Physician | 66 How long | | |
| | | | A. Adolffow | | 2 years | |
| | | | | | How long | |
| | | | | | 1 year | |
| Address | Centreville Maryland | | | | | |

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Emma Jane Thomas

CERTIFICATE OF DEATH

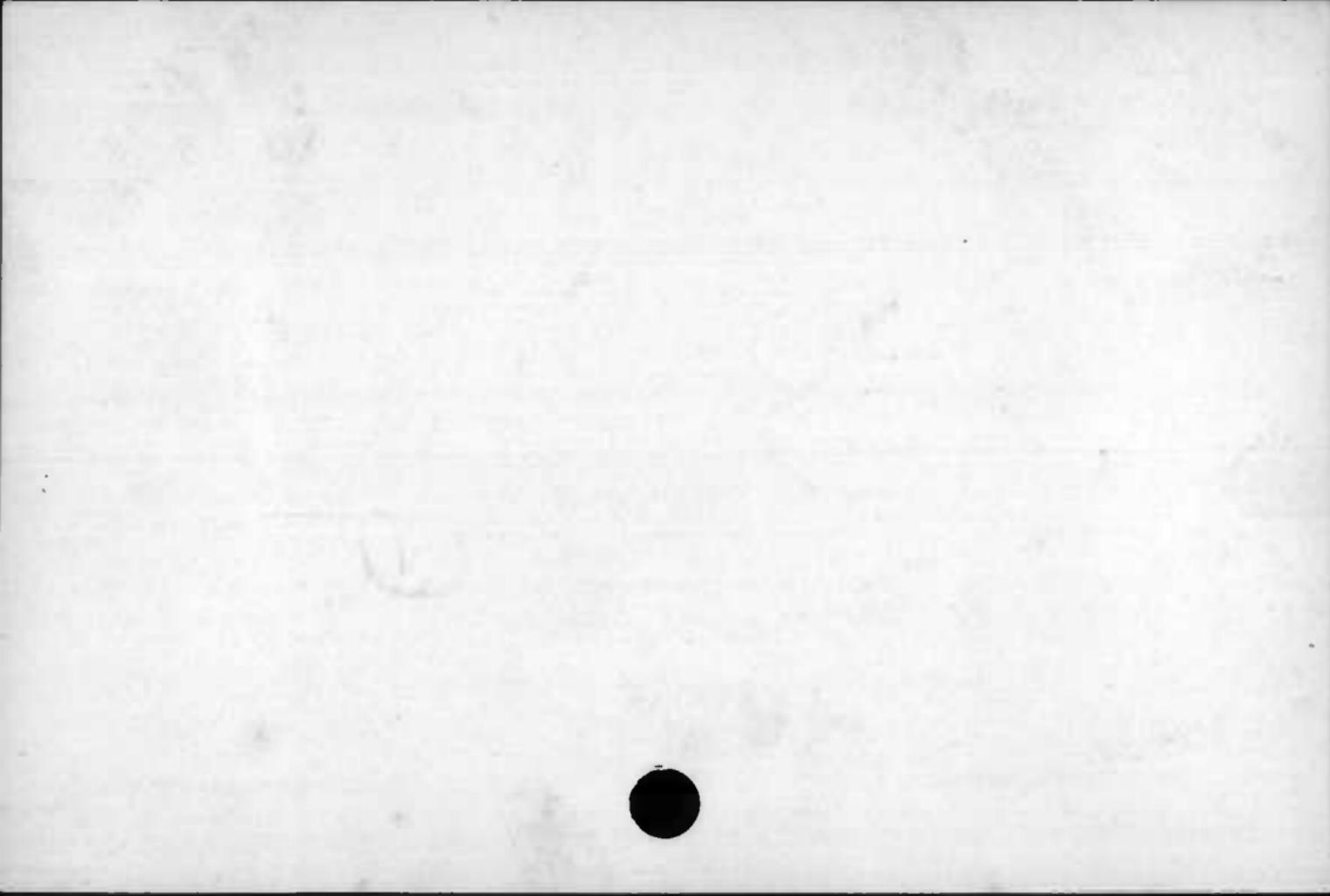
To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|------------------|---|----------|-------------------------|--------------------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Female | Color or Race | Age | 10 | 27 |
| Occupation | None | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | |
| Father's Name | James H. Thomas | | | Father's Birthplace | Baltimore Co., Md. |
| Mother's Maiden Name | Frances A. Perry | | | Mother's Birthplace | Queen Anne Co. |
| Name of person giving information | James H. Thomas. | | | How related to deceased | Father |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------|-----------------------------------|----------|
| Primary | Malnutrition | | |
| Immediate | Exhaustion | | |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | 179 |
| | | Address | How long |
| Accident or Suicide? | No. | E. F. Smith Centreville Md. | |



Name
in
Full

Harry W. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

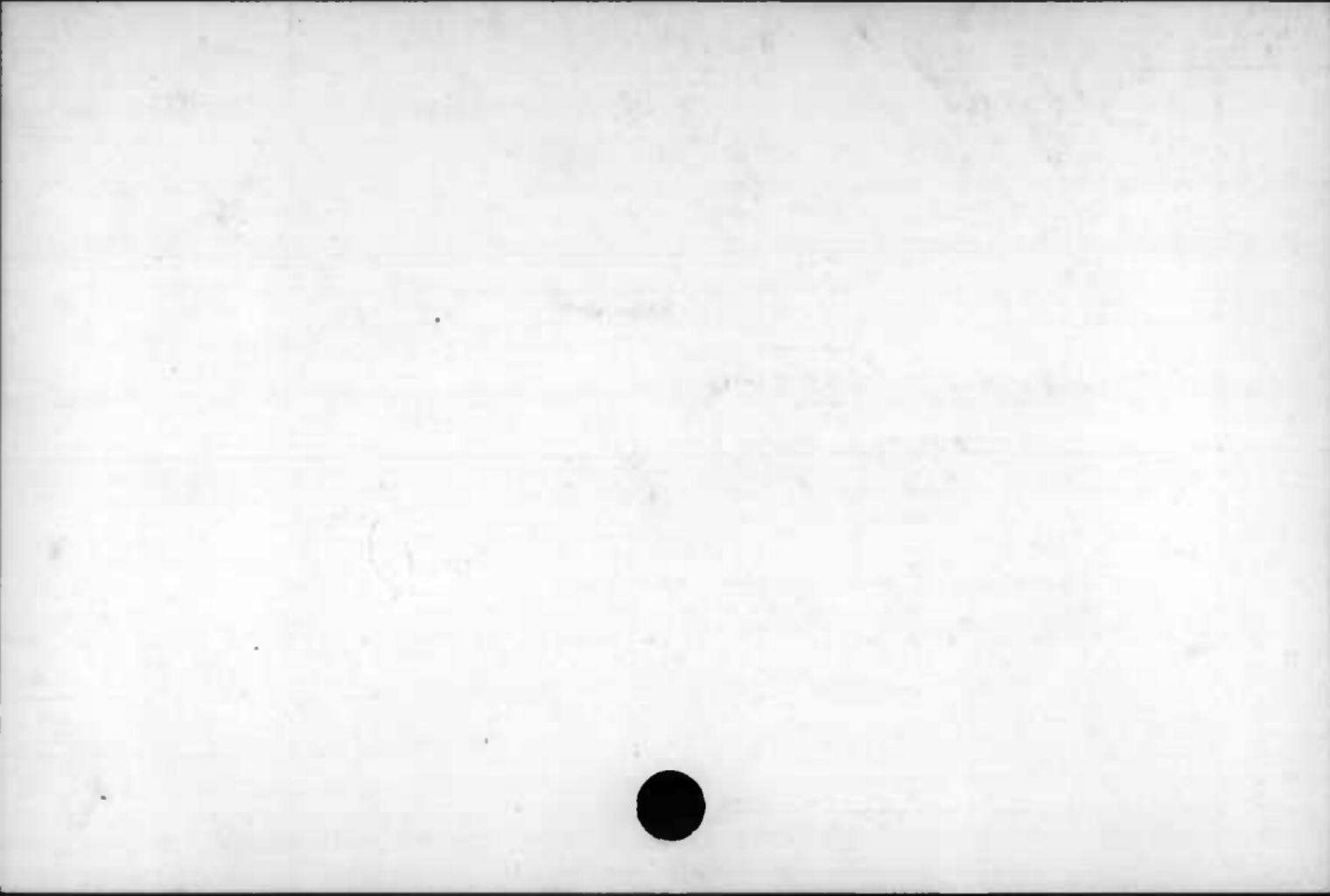
| | | | | | |
|-----------------------------------|-------------------------|---------------|---|----------------|------|
| Died at | Town | County | MARYLAND | | |
| Died at | Hyde side | Turn time | | | |
| Date of death | Month | Day | Years | Months | Days |
| 1908 | 3 | 20 | 36 | | |
| Sex | Male | Color or Race | | Birth-place | Md |
| Occupation | Farmer and Miller | | Where Residing if not at place of death | Md | |
| Married, Single or Widowed | Name of Wife or Husband | | Mattie T. Wilson | | |
| Father's Name | Benj. Wilson | | Father's Birthplace | Md | |
| Mother's Maiden Name | Frances Henry | | Mother's Birthplace | Md | |
| Name of person giving information | Chas P. Merrick | | How related to deceased | Brother in law | |

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

| | | | | |
|--|-----------------------|------------------------|-----------------|------------|
| Primary | Boils, Typhoid-Fever | | How long | Six months |
| Immediate | Pyæmia, Heart-failure | | How long | Two months |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Foster Suds | |
| | | Address | Sudlersville Md | |
| Accident or Suicide? | | | | |



Mary Eliza Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

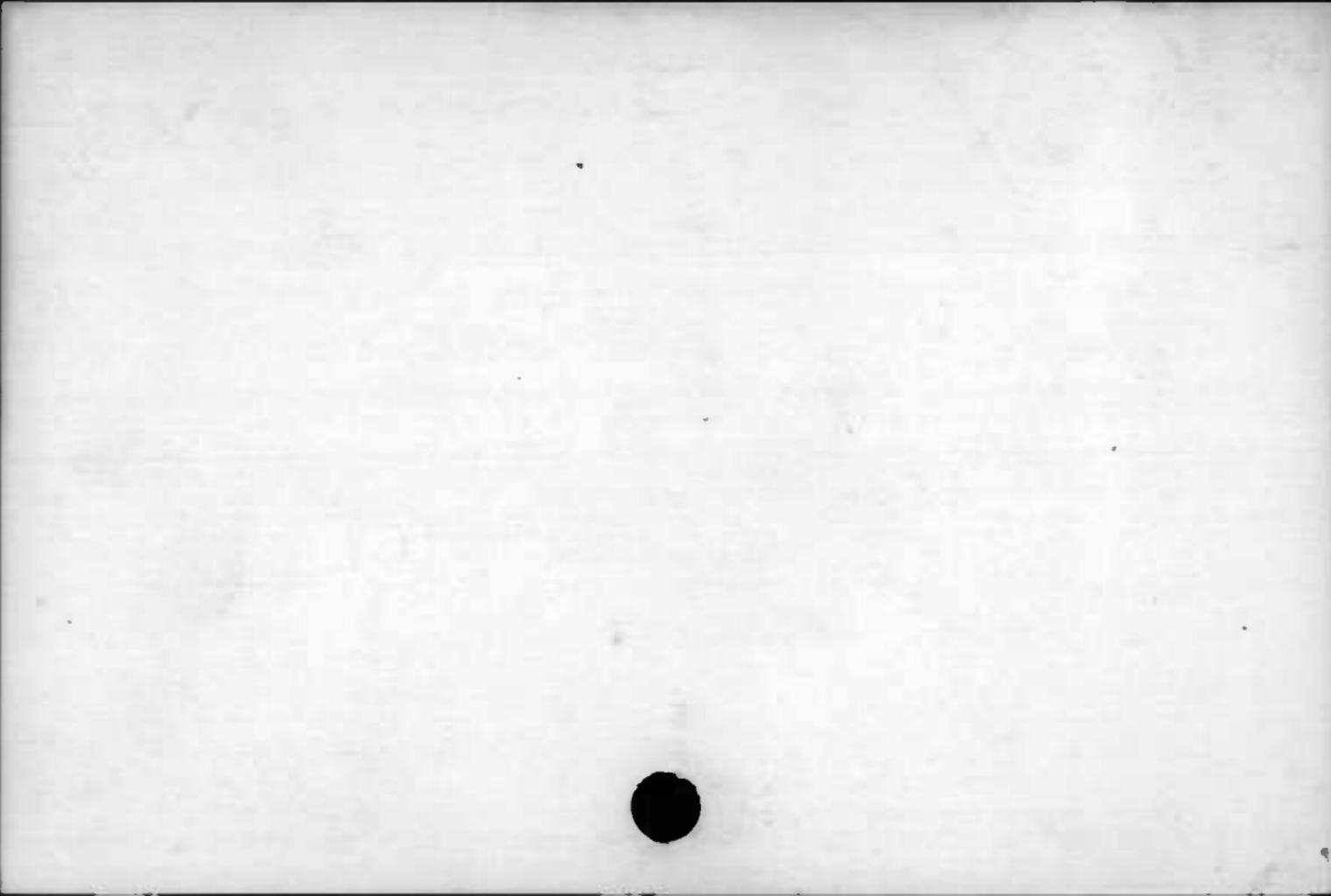
| | | | | | | |
|-----------------------------------|-----------------|-------------------------|---|---------------|-------------------------|-------------------------|
| Died at | | Town | County | | MARYLAND | |
| Date of death | 1908 | Month 3 | Day 27 | Years Age 47 | Munths 11 | Days 14 |
| Sex | Female | | Color or Race | Col. American | | Birth-place Centreville |
| Occupation | House Wpse | | Where Residing if not at place of death | Centreville | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Chas. B. Wilson | | Father's Birthplace | Centreville |
| Father's Name | Eliza Wilson | | Chas. B. Wilson | | Mother's Birthplace | Carolin Co. Md |
| Mother's Maiden Name | Mary E. Luxson | | Chas. B. Wilson | | How related to deceased | Husband |
| Name of person giving Information | Chas. B. Wilson | | | | | |

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

| | | | | |
|--|---------------------|------------------------|--------------------|----------|
| Primary | Dementia Paralytica | | How long | 2 years. |
| Immediate | Exhaustion | | How long | 2 weeks. |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | E. F. Smith | |
| | | Address | Centreville Md. | |
| Accident or Suicide? | | | | |



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|--|-------------------------------|-----------------|-------|----------|------|
| Died at | | Town <u>Chesapeake Bay</u> | County | | MARYLAND | |
| Date of death | Month <u>Feb</u> | Day <u>5</u> | Age <u>1</u> | Years | Months | Days |
| Sex <u>Male</u> | Color or Race <u>White</u> | Birth- place | | | | |
| Occupation <u>Unknown</u> | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | |
| Father's Name <u>Unknown</u> | Father's Birthplace | | | | | |
| Mother's Maiden Name <u>Unknown</u> | Mother's Birthplace | | | | | |
| Name of person giving Information <u>Found Wch 5 1908</u> | How related to deceased | | | | | |

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary

Drowning

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Coroner Emory & Skinner
Stevensville Md

Accident or Suicide?

